PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

10/2423 3

Checure canacay 1, 2005									1001	<u></u>	0 -2	
		CLAIMS A	S FILED - PART I (Column 1)		(Collumn 2)			SMALL ENTITY		OR	OTHER	
TOTAL CLAIMS			27				ΙΓ	RATE	FEE	1	RATE	FEE
FC	AR .	NUMBER FILED		NUMBER EXTRA			BASIC PEE	375.00	OR	BASIC FEB	750.00	
TC	TAL CHARGEA	ABLE CLAIMS	Zyminus 20=		· 4			X\$ 9±		OR	X\$18=	77
H/K	EPENDENT C	mi	minus 3 = *		.0		X42≃		OR	X84=		
ML	MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280≈	
* If the difference in column 1 is less than zero, enter "0" in colum						olumn 2	-	TOTAL		OЯ	TOTAL	872
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	.24	Minus	* 2	4	المسيح	1	X\$ 9=		OR.	X\$18≠	
AME	Independent	·	Minus		3	-	11	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM	U	۱ ۲	+140=		OR	+280=	
								TOTAL DDIT, FEE		_	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)										•	ADDIT TEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA][RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total	*	Minus '	**		=	1 [X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	•	Minus	***		·	11	X42=		OR	X84=	
L	HIRST PHESE	NTATION OF M	JUTIPLE DEF	ENDENT	CLAIM	عالب	1	+140=		OR	+280=	
								TOTAL ODIT. FEE		OR	TOTAL ADDIT: FEE	
(Column 1) (Column 2) (Column 3)								JUII. FEE			ADDII. PEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER BUSLY	PRESENT EXTRA][RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total		Minus	**		-	JΓ	X\$ 9=		OR	X\$18=	
¥	Independent	*	Minus	***		-	11	X42×		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=				
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
**	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
FORM PTO 676 Plan. 12003 *U.S. Germanned Princip Office: 2000 - 400-270/00/61 Palont and Tradometh Office, U.S. DEPARTMENT OF COMMERCIA												COLUMN TO A